

Kentucky Board of Chiropractic Examiners
P.O. Box 1360
Frankfort, KY 40602
Phone: (502) 892-4250
Fax: (502) 564-4818

APPLICATION FOR ACTIVATION/REINSTATEMENT
OF KENTUCKY LICENSE

(For Non-Resident, Inactive, Revoked or Voluntarily Resigned Licenses)

APPLICATION CANNOT BE PROCESSED UNLESS
ALL INFORMATION REQUESTED BELOW IS PROVIDED

LICENSE NO. _____ E-MAIL _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____

FAX _____

~ I hereby certify that my license to practice chiropractic in any state or jurisdiction has never been suspended, revoked, or is in the process of either or both. **NOTE:** If the answer is yes, an affidavit of explanation is required. Please provide a verification of licensure from any state in which you are currently or have ever been licensed.

Have you ever been convicted of a felony or misdemeanor that you have not previously disclosed to the Board in writing? ~ YES ~ NO

If answer is yes, an affidavit of explanation is required.

Are you now, or have you ever been in arrears with the Kentucky Higher Education Assistance Authority (KHEA)? ~ YES ~ NO

Have you had any action against any chiropractic license in another state or jurisdiction that has not been previously reported to the Board? ~ YES ~ NO

I declare under penalties of perjury that the information in this application is true and correct.

Signature of Licensee

Date